

IWK MATCHING FUNDS REQUEST FORM

Please submit by email to: Research & Innovation Advancement at research@iwk.nshealth.ca.

IWK Researcher	Date
Department	Phone
Email	
Name of Funding Agency and Program:	
	Project App Deadline

Brief Description of Proposed Research Project

\$ Amount

Summary Budget of Proposed Research Project		Ş Amount
Personnel		
Training/HQP		
Research Costs		
Research Equipment/Infrastructure		
Travel		
Dissemination and Knowledge Transfer		
Other (e.g. Renovations)		
	TOTAL	

Details Regarding Matching Fund Requirements of Funding Agency for Project Application Please provide answers to the following questions in the space provided

1. Are the matching funds a requirement from the			
funding agency? If so, what is the percentage of the			
match required and is the match cash or in-kind or			
both?			
2. Is this research area a strategic priority for the			
IWK? Briefly state alignment.			
3. Is the application to the funding agency led by			
the IWK researcher? If not, list the lead			
researcher's name and institution.			
A lique matching funds been requested from your			
4. Have matching funds been requested from your Department/Faculty? If yes, provide the amount.	No	Yes	Amount:
Department/Faculty: If yes, provide the amount.			
5. Are other institutions partnering on the			
application? If so, list.			
6. Are other institutions and/or partners providing			
matching funds to the application? If so, list			
institutions/partners and confirmed matches.			

Other Sources of Funding Requested/Received:

Source	Requested/Confirmed (attach docs)	\$ Amount
	TOTAL	

Matching Funds Requested from VPR (please indicate by Fiscal Years)

Project Year	Fiscal Year	\$ Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
	TOTAL	

OFFICE USE ONLY		
Final decision		
Amount	Account	
Notes		